2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006505 Jan 28, 2000 8:00 am Secretary of State CHARTER ROOFING CO., INC. 01-28-2000 90104 048 ***150.00 Mailing Address Principal Place of Business P.O. BOX 330128 P.O. BOX 330128 HOUSTON TX 77233-0128 HOUSTON TX 77233-0128 2. Principal Place of Business 3. Mailing Address 6126 Scarlet Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 74-2123832 Not Applicable Houston Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition **CPST** Delete TITLE TITLE JORDON, JOHN H JORDON, JOHN H NAME NAME STREET ADDRESS 4427 WIGTON 6162 SCARLET STREET ADDRESS CITY-ST-7IP HOUSTON TX 77096 CITY-ST-ZIP **HOUSTON TX 77048** ☐ Change Addition TITLE ☐ Delete TITLE NAME DIMPERIO. STEVEN J NAME STREET ADDRESS 2025 PECAN ORCHARD RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEAGUE CITY TX 77573** TITLE __ TITLE, ___ ___ Change__ . 🔲 Addition Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if